Best Practice Guideline
for Workplace Health & Safety During Pandemic Influenza

Including employment standards rights and obligations

WORK SAFE ALBERTA

Government of Alberta

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- Alberta Health and Wellness and
- Alberta Corporate Human Resources

under the planning set out in the Alberta Pandemic Influenza Operations Plan (March 2006).

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Section 1: Overview

During pandemic influenza, you may contact the virus inside and outside of the workplace. How can you protect workplace health and safety? How will employment standards apply during pandemic influenza? Read on.

Pandemic influenza, is a potential biological hazard you need to consider during hazard assessment and emergency planning. When pandemic influenza is identified by the World Health Organization (WHO) and the Alberta Pandemic Influenza Plan (APIP) is activated, repeat the hazard assessment to:

- assess the increased risk of exposure to pandemic influenza virus in job tasks and put appropriate controls in place
- assess workplace hazards due to absenteeism, resulting from illness or caring for ill family and friends, to establish controls addressing any new hazards or operational changes.

The information included in this document is—to the best of our knowledge—current at the time of printing. The document is intended to serve as a guideline to all workplaces and provides information on legislated requirements, best practices, guidelines and strategies in workplace health and safety and employment standards in the event of pandemic influenza. While legislated requirements—the laws—are specifically identified, the rest provides general information rather than a definitive guide to specific practices or procedures. While this document provides guidelines, only you can (and must) identify the specific hazards and controls required for your workplace.

In Alberta, the requirements for health and safety are outlined in the *Occupational Health and Safety Act, Regulation (OHS Regulation)*, and *Code (OHS Code)*. The *Act, Regulation*, and *Code* are available for viewing or downloading on the Alberta Employment and Immigration (AEI), Workplace Health and Safety (WHS) website at **http://employment.alberta.ca/whs-ohs**. This document does not replace the *OHS Act, Regulation*, and *Code* and does not exempt you from your responsibilities under the legislation.

Official printed copies of *Occupational Health and Safety Act, Regulation (OHS Regulation)*, and *Code (OHS Code)*. The *Act, Regulation*, and *Code* may be purchased from the Queen's Printer at:

Queen's Printer
Main Floor, Park Plaza
10611 - 98 Avenue
Edmonton, Alberta
T5K 2P7

Phone: (780) 427-4952
Fax: (780) 452-0668
url: **www.qp.alberta.ca/index.cfm**

RESOURCES

Section 2: What is Pandemic Influenza?

What is a pandemic?
A pandemic is a worldwide outbreak of a communicable disease that affects a large proportion of the population. Concerns exist that a pandemic involving an influenza virus will occur.

What is pandemic influenza?
Influenza is an infection of the lungs and airways caused by an influenza virus. Pandemic influenza occurs when a new influenza virus, with an ability to spread easily from human to human, circulates worldwide. Because most people will have no immunity to the pandemic influenza virus, infection, illness rates and number of deaths are expected to be higher than during seasonal epidemics of normal influenza.

The symptoms of pandemic influenza may be more severe than seasonal influenza. Influenza is different from the common cold or the stomach flu: refer to Appendix 1 for a comparison of the symptoms.

Why do scientists expect another pandemic influenza?
In the 20th century, three pandemics resulted from the influenza virus:

- 1918 – 1919 Spanish influenza
- 1957 – 1958 Asian influenza
- 1968 – 1969 Hong Kong influenza

Over the centuries, the average time between influenza pandemics has been 25 years, however, the range has varied. It has been more than 35 years since the last pandemic influenza.

How is pandemic influenza different from seasonal influenza?

Seasonal (Human) Influenza	Pandemic Influenza
• A disease caused by influenza viruses carried and spread between humans. • Individuals are infected by these different strains of influenza at multiple times during their lives. Even though the virus may change slightly from year to year, most people will continue to have some protection against slightly changed viruses, particularly if they are immunized yearly.	• A new strain of influenza virus that spreads quickly among humans worldwide because humans have no pre-existing immunity against it. • Potential to cause large number(s) of human illness and death. • A specific vaccine can not be developed until the new strain has emerged.

Seasonal human influenza is not addressed in this document. Information for individuals on self-care during seasonal influenza can be obtained from Alberta Health and Wellness at **http://www.health.alberta.ca/health-info/influenza-self-care.html**

Section 3: The Workplace During Pandemic Influenza

How does pandemic influenza relate to you and your workplace?
Pandemic influenza presents a new biological hazard into the workplace. Additionally, Health Canada (2006) estimates an anticipated 20 to 25 per cent work absenteeism rate during pandemic influenza. Your overall workplace hazard assessment must consider the pandemic influenza virus and shortages in operational and safety critical functions due to the anticipated increased absenteeism.

How can the workplace prepare for and respond to pandemic influenza?
This document addresses workplace health and safety best practices, options and strategies for preparation and response during pandemic influenza to preserve health and safety in all Alberta workplaces.

The hazard assessment tool focuses on potential and actual health and safety issues during pandemic influenza and methods for controlling or reducing the risk of exposure to pandemic influenza in the workplace. Information is included on workplace emergency preparation for pandemic influenza. The final section of this document includes information to assist in developing policies to address employment standard issues.

Section 4: Roles and Responsibilities – Workplace Health and Safety

The *Alberta Occupational Health and Safety Act, Regulation,* and *Code* combine to set out the legal requirements that you and your workers must meet to protect the health and safety of yourselves and others. These are **minimum** requirements.

LEGISLATED REQUIREMENTS

General Responsibilities
Employers must ensure, as far as reasonably practicable, the health and safety of all workers at their work site.

Workers must take reasonable care and co-operate with the employer to ensure the health and safety of themselves and others.

OHS Act, Section 2

Other Responsibilities

- establish policies and procedures dealing with storing, handling, using and disposing of biohazardous materials
- ensure that workers are informed of the health hazards associated with exposure to the biohazardous material
- ensure that work exposure to biohazardous materials is kept as low as reasonably practicable/ reasonably achievable
- establish policies and procedures for post-exposure management of workers exposed to biohazardous material.

LEGISLATED REQUIREMENTS

OHS Act, Section 2 & OHS Code, Part 4 & 35

Best Practices

This document provides you with an overview of best practices in workplace health and safety for protection from pandemic influenza.

For the purposes of this document, a **best practice** is a program, process, strategy, or activity that:

- has been shown to be effective in the prevention of workplace illness or injury
- has been implemented, maintained, and evaluated
- is based on current information
- is of value to, or transferable to, other organizations.

Best practices are living documents and will be reviewed and modified regularly, assessing validity, accuracy, and applicability.

Who is Covered under the Alberta Occupational Health and Safety Act, Regulation and Code?

Every occupation, employment, business, calling or pursuit over which the Legislature has jurisdiction, except:

1) farming or ranching specified in the regulations, and
2) work in, to or around a private dwelling or any land used in connection with the dwelling that is performed by an occupant or owner who lives in the private dwelling or a household servant of the occupant or owner.

LEGISLATED REQUIREMENTS

OHS Act, Section 1

Section 5: Hazard Assessment and Control – Pandemic Influenza

Hazard assessment and control is at the foundation of occupational health and safety and is a requirement under the *Alberta Occupational Health and Safety Code*.

LEGISLATED REQUIREMENTS

What is a Hazard?
A hazard is any situation, condition, or thing that may be dangerous to the safety or health of workers.

OHS Code, Part 1

Hazards may be grouped into four categories: biological, physical, chemical, and psychological.

Biological Hazards	• viruses, including viruses that can cause pandemic influenza • fungi • bacteria • moulds • blood and body fluids • sewage
Physical Hazards	• lifting and handling loads • repetitive motions • noise, vibration, or radiation
Chemical Hazards	• chemicals, for example, battery acids, solvents, cleaners • dusts, for example, from grinding, asbestos removal, sandblasting • fumes, for example, welding • mists and vapours • gases
Psychological Hazards	• working conditions • stress • fatigue

What category of hazard is pandemic influenza?

The pandemic influenza virus is a biological hazard. For the pandemic influenza virus, consider how it is transmitted in the hazard assessment.

The transmission of the pandemic influenza virus can be represented as links in a chain:

- the source of the influenza virus
  - droplets from infected co-worker and/or client
  - contact with a contaminated surface
  - contact with contaminated equipment
- the transmission of the influenza virus (between the source and the worker)
- the host for the virus—an individual.

Generally infected droplets are released into the nearby space (propelled a distance of approximately 2 metres) when an individual with pandemic influenza coughs or sneezes (Canadian Pandemic Influenza Plan, 2006). The influenza virus is thought to be primarily transmitted through infected droplets that directly contact the nose, mouth or eyes of a host. Influenza can be indirectly transmitted to a host through contact with an infected source such as hands or objects contaminated with pandemic influenza virus.

DID YOU KNOW?

The virus, generally contained in droplets, can be propelled approximately 2 metres when an individual with pandemic influenza coughs or sneezes. It can live on hard surfaces for one to two days; on cloth, tissue, and paper for 8 to 12 hours; and on hands for five minutes.

Responsibilities

Employers

Under Part 2 of the *OHS Code*, employers must perform a hazard assesment, including:

- assess a work site and identify existing or potential hazards
- prepare a written and dated hazard assessment, including the methods used to control or eliminate the hazards identified. A properly completed checklist is acceptable as a written hazard assessment
- where possible, involve workers in the hazard assessment
- make sure workers are informed of the hazards and the methods used to control the hazards.

OHS Code, Part 2

What category of hazard is pandemic influenza?

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Generally infected droplets are released into the nearby space (propelled a distance of approximately 2 metres) when an individual with pandemic influenza coughs or sneezes (Canadian Pandemic Influenza Plan, 2006). The influenza virus is thought to be primarily transmitted through infected droplets that directly contact the nose, mouth or eyes of a host. Influenza can be indirectly transmitted to a host through contact with an infected source such as hands or objects contaminated with pandemic influenza virus.

DID YOU KNOW?

The virus, generally contained in droplets, can be propelled approximately 2 metres when an individual with pandemic influenza coughs or sneezes. It can live on hard surfaces for one to two days; on cloth, tissue, and paper for 8 to 12 hours; and on hands for five minutes.

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- where possible, involve workers in the hazard assessment
- make sure workers are informed of the hazards and the methods used to control the hazards.

OHS Code, Part 2

LEGISLATED REQUIREMENTS

When to Repeat the Hazard Assessment

An employer must make sure that a hazard assessment is done:

- at reasonably practicable intervals to prevent the development of unsafe and unhealthy working conditions
- when a new work process is introduced
- when a work process or operation changes, or
- before the construction of a new work site.

OHS Code, Part 2

LEGISLATED REQUIREMENTS

Identifying the hazards relating to pandemic influenza should be part of your overall hazard assessment, done on an ongoing basis and involving everyone at the work site. In the event of pandemic influenza, review the hazard assessment to ensure that any new hazards or operational changes are addressed.

Why assess?

Assessing hazards means taking a careful look at what could harm workers at the workplace. The purpose of including pandemic influenza in the hazard assessment is to address:

- the biological exposure risk and control as appropriate, and
- the increased absenteeism from pandemic influenza and any resulting hazards or operational changes.

How to assess pandemic influenza in the workplace

In preparation for pandemic influenza, include pandemic influenza as a potential biological hazard in the workplace hazard assessment and as part of emergency planning. (Section six elaborates on emergency planning).

There are a number of phases that occur before pandemic influenza is identified. The chart on the following page outlines the phases in the gradual progression to pandemic influenza.

Pandemic influenza phases (adapted from the WHO global influenza preparedness plan 2009)*	
Phase	**Characteristics**
Phase 1 - Inter-Pandemic	Influenza virus subtype may be present in animals or birds. No new influenza subtypes detected in humans. The risk of human infection or disease is low.
Phase 2 - Inter-Pandemic	A circulating animal or bird influenza poses a substantial risk of disease to humans. No new influenza viruses detected in humans.
Phase 3 - Pandemic Alert	Humans have been infected with a new subtype of influenza originating from animals or birds but there has been no significant human-to-human spread (except in rare instances of close contact).
Phase 4 - Pandemic Alert	Small clusters of sustained human-to-human transmission but the disease is not widespread (still localized at community level).
Phase 5 - Pandemic Alert	Human-to-human transmission of the same new influenza virus with a sustained community level outbreaks in two or more countires in one WHO region.
Phase 6 - Pandemic Influenza	Increased and sustained human transmission of the same new influenza virus within the general population with sustained community level outbreaks in at least one other country in another WHO region.

* For more specific information refer to **www.who.int/about/regions/en/**

Once a pandemic influenza is identified (Phase 6 above), you will need to repeat the hazard assessment considering the specific pandemic influenza virus.

RESOURCES

Information to determine the current phase, when the pandemic influenza is identified and when the Alberta Pandemic Influenza Plan is activated (Phase 6) can be confirmed from Alberta Health and Wellness (AHW). **http://www.health.alberta.ca/**

Step 1: List types of work and work-related activities

The first step in a hazard assessment for the pandemic influenza virus provides a general description of the work and a list of job tasks. This includes identification of actual or potential exposure to the pandemic influenza virus in the workplace, and specifically, the risk of exposure to pandemic influenza in the job tasks.

When assessing the risk of exposure to pandemic influenza in the job tasks, consider that working with individual(s) symptomatic (coughing, etc) from pandemic influenza in close proximity increases the risk of exposure to pandemic influenza.

Though a person infected with pandemic influenza may be contagious 24 hours before the onset of symptoms it is assumed to be a lower risk because they are not spreading the virus through coughing, etc. The contagious period continues for up to 5 – 7 days after the start of symptoms with the most efficient transmission of the virus believed to occur when symptoms that are high risk to spread the virus, such as coughing, are the greatest. Use the chart on the next page to assist in the risk analysis to determine if the job tasks and workplace activities may bring your workers into potential higher contact with pandemic influenza virus within small poorly ventilated workspaces.

Questions to ask

- What job tasks increase potential exposure to the pandemic influenza virus in the workplace?
- Who is potentially exposed to the pandemic influenza virus as part of their work?
- How often are workers exposed to the hazard?
- Do work processes increase exposure to the pandemic influenza virus, for example, aerosol generating medical procedures?
- When is the greatest risk of exposure?
- Do the job tasks require contact with symptomatic pandemic influenza patients/ persons in small poorly ventilated workspaces?

Use the general guidelines on page 12 to estimate the pandemic influenza exposure risk—minimal, lower and higher exposure job tasks—for individuals in your workplace. A summary of controls linked to minimal, lower and higher exposure job tasks will follow.

FOCUS

Social distancing is keeping a distance of greater than about 2 metres from another individual whether or not they are demonstrating any symptoms of pandemic influenza (coughing, fever, etc.).

DID YOU KNOW?

BREAK THE CHAIN

During pandemic influenza, a worker at a public reception desk

- keeps a distance of more than 2 metres from clients (social distancing)
- limits sharing of equipment (for example, pens, phones) with co-workers and clients
- ensures the hard surfaces of the work area are cleaned with regular household cleaner at least daily or when changing work stations
- washes hands frequently and limits touching own mouth, eyes, and nose to prevent any virus from being transmitted from hands to mouth, eyes, or nose.

General Guidelines for Assessing Pandemic Influenza Exposure Risk in the Workplace by Job Task[1]

Risk assessment process: Determine the workspace exposure (column 1), add the job task exposures (column 2). This process will assist to determine the level/risk of workplace exposure to pandemic influenza virus for your workers. A summary of controls linked to minimal, lower and higher job tasks follows on pages 23 – 25.

Workspace: **1. Where will workers be exposed to pandemic influenza infected persons?**	**Job Task:** **2. Decide on the job tasks and the workers potential ability to limit exposure to pandemic influenza infected persons.**
Minimal Exposure Job Tasks	
Workers with no contact to pandemic influenza infected persons in the workplace.	Job tasks that do not require close contact to another individual.
Lower Exposure Job Tasks	
Workers who may be exposed to infected persons from time to time in relatively large well ventilated workspaces. (choose 1 from column 2)	Workplace contact to another individual in job tasks that allow social distancing. Social distancing is keeping a distance of greater than about 2 metres from another individual.
	Job tasks that require close contact with clients or co-workers (within a distance of 2 metres). The individuals are **not** demonstrating symptoms of pandemic influenza i.e. coughing, fever, etc. at the time of contact.
	Job tasks in potentially contaminated environment[2]. Potential exposure can occur in work areas open to public, etc.
	Contact with symptomatic pandemic influenza patients in job tasks that allow social distancing or where the worker has the ability to keep a distance of greater than about 2 metres from patient symptomatic with pandemic influenza (case).
Higher Exposure Job Tasks[3]	
Workers who may have contact with symptomatic infected persons in small, poorly ventilated workspaces. (choose 1 from column 2)	Job tasks require close contact (two metres) with a patient symptomatic with pandemic influenza (case[4]).
	Job tasks in the same room as aerosol generating medical procedure being performed on person symptomatic with pandemic influenza (case).

1 PLEASE NOTE: this table is for use as a tool in generally estimating risk of exposure to the pandemic influenza virus in the workplace.

2 Laboratory workers may have higher exposure during pandemic influenza and will need to reassess risk of exposure from pandemic influenza in the work environment based on specific job tasks and apply appropriate controls based on workspace exposure. Interim guidance recommendations are or will be available and updates provided at **http://www.phac-aspc.gc.ca/ols-bsl/banhsl-abnhgp-eng.php**

3 Healthcare workers reference Alberta Pandemic Influenza Plan (2007) for specific infection prevention and control instruction.

4 Case Definition – Medically diagnosed suspect or confirmed case of highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the pandemic influenza virus.

General Guidelines for Assessing Pandemic Influenza Exposure Risk in the Workplace by Job Task[1]

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	Job tasks in the same room as aerosol generating medical procedure being performed on person symptomatic with pandemic influenza (case).

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Step 2: Identify the hazard

Determine the hazards associated with workplace exposures and job tasks. In addition to job tasks that increase the risk of exposure, consider the sources of pandemic influenza or spread from the source of the virus to the worker and potential routes of transmission.

Questions to ask

- What sources exist for potential exposure to the influenza virus as a workplace hazard?
- What are the potential routes of transmission based on exposures in this workplace?
- What are the routes of entry for the worker based on the exposures in this workplace?

How can pandemic influenza be spread?

Pandemic influenza would be spread in the same way that seasonal influenza is spread, typically by contact with ill persons or with surfaces that an infected person has handled or touched.

Exposure to a pandemic influenza virus may occur in a variety of ways such as:

- Shaking hands with an infected person or touching a surface contaminated with the virus followed by touching one's eyes, nose, or mouth
- Infectious droplets (from a coughing or sneezing person) landing in the eye or onto the mucosa (moist inner surface) of the nose or mouth
- Breathing in air containing smaller sized droplets or particles containing influenza viruses (generated, for example, from coughing, sneezing, and aerosol-generating medical procedures in infected patients)
- Sharing food items or utensils with an infected person.

What are potential routes of transmission of pandemic influenza in the workplace?

- *Contact transmission* – Direct contact involves direct skin-to-skin contact, such as emergency response activity that requires direct personal contact (resuscitation). Indirect contact transmission involves a worker's contact with a contaminated intermediate object such as a table, door knob, telephone, or computer keyboard and then touching the eyes, nose, or mouth.
- *Droplet transmission* – Droplets can be generated from an infected person's respiratory tract. The infection is transmitted when infected droplets are deposited on a susceptible individual's mucus membranes and leads to an infection For example, droplets may be generated by an infected person through coughing or sneezing, talking and also through certain medical procedures. Droplets travel a short distance through the air (approximately 2 metres) and can be deposited on inanimate surfaces, or in the eyes, nose, or mouth.
- *Airborne transmission* – Smaller infected particles, called aerosols, are also generated from an infected person's respiratory tract. They are small enough to be suspended in the air for short distances (generally dependant on size). These small infected particles/ aerosol may transmitted through inhalation.

Respiratory Hygiene

Use personal health practices called "Respiratory Hygiene" to break the chain of infection, "cover a cough" by:

- covering nose and mouth with a tissue when coughing or sneezing,
- throwing away tissues into a proper receptacle after using, and
- washing hands after coughing, sneezing, and using tissues.

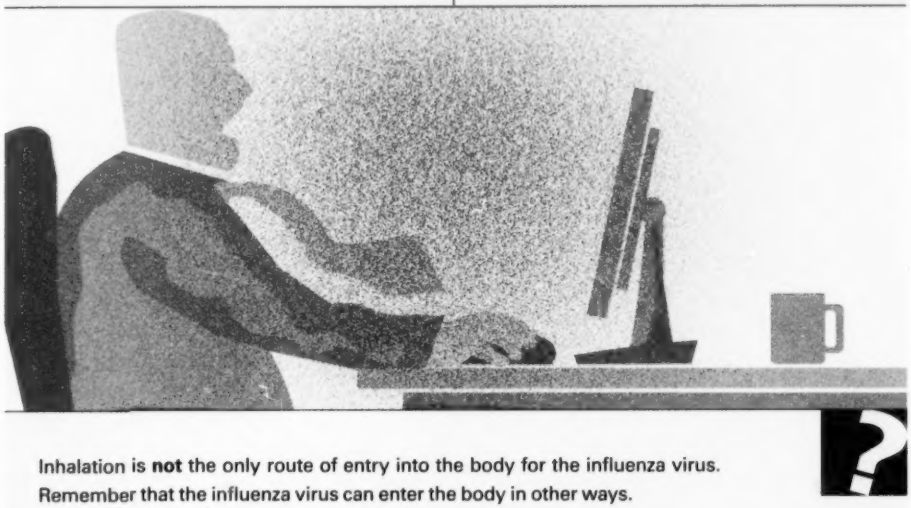
When caught without a tissue, sneeze or cough into your sleeve or the bend in your elbow to contain the sneeze or cough. Ask others in your workplace to cover their cough.

What surfaces are most likely to be contaminated in your workplace?

The virus can live:	At your workplace be aware the virus may be on:
• on hard surfaces for one to two days • on cloth, tissue, and paper for 8 to 12 hours • on hands for five minutes	• instruments, doorknobs, keyboards, chairs, coffee cups, • towels, reports, • backs of hands, face, arms

BREAK THE CHAIN

A worker knows she can contact the influenza virus indirectly from contaminated surfaces, cloth, paper, tissues or even from a handshake with a contaminated hand. The worker washes her hands frequently and keeps her hands away from her mouth, nose, and eyes. This breaks the chain of infection by preventing transmission of the virus from her hands to her own eyes, nose, lips, or mouth where the virus enters through the mucous membranes. This worker also practices social distancing to stay away from the spray of cough or sneeze.



Inhalation is **not** the only route of entry into the body for the influenza virus. Remember that the influenza virus can enter the body in other ways.

Consider this—

1) Contact with contaminated surfaces

After an infected person coughs, sneezes or talks, the expelled infected droplets travel only approximately 2 metres before falling to a surrounding surface. When someone touches an infected surface and then touches their own eyes, nose or mouth, the virus can gain entry into the body.

DID YOU KNOW?

2) Close contact with an infected individual when they cough, sneeze, or talk

Generally, the influenza virus droplets travels only approximately 2 metres in the air after being expelled from an infected person's cough, sneeze, or talking. An individual positioned within approximately 2 metres from an infected person may contact the virus through their eyes, nose, or mouth.

3) Exposure to the influenza virus during aerosolizing medical procedures

Aerosolization—creating very small droplets of moisture—generally occurs when individuals undergo certain medical procedures (for example, intubation or bronchoscopy). When the influenza virus is aerosolized—broken into very small droplets of moisture (less than five microns in diameter)—the virus is in a small enough form to be inhaled into the lungs if they are not appropriately protected.

Step 3: Assess the Hazards

Once pandemic influenza is identified, a regular review of the pandemic influenza hazard in the workplace should be done.

Information on the status of a pandemic influenza will be announced in the media and can be obtained from AHW www.health.alberta.ca.

RESOURCES

Review and identify the potential of exposure for workers

- Review tasks and jobs. Determine which workers are exposed in the workplace and when they may be exposed to the hazard, and if the exposure will be in a small, poorly ventilated space.
- During pandemic influenza, having identified areas where workers will be exposed, review the hazard assessment, identify new hazards, and introduce controls as needed.

Review and identify shortages in operational and safety critical areas due to staff absenteeism from pandemic influenza

- During pandemic influenza identify areas where absenteeism will require ongoing review, new hazard identification, and appropriate controls.

Other Potential Hazards in the Workplace Related to Pandemic Influenza

During pandemic influenza, other potential hazards should be considered including:

- Stress – which may be related to fear, illness of family members, changing job roles related to absent co-workers
- Fatigue – if workers are required to put in extra hours
- Working Conditions – related to increased or different workloads.

Fact Sheet: Dealing with Stress or Feelings of Fear
http://www.health.alberta.ca/health-info/influenza-stress.html

eLearning program: Shift Work and Fatigue
eLearning program: Hazard Assessment and Control
http://employment.alberta.ca/whs-elearning

RESOURCES

Step 4: Implement Controls

Eliminating and Controlling Hazards

Whenever possible, hazards should be eliminated. If elimination is not possible, they must be controlled. Control means reducing the hazard to levels that do not present a risk to worker health. Controls must be based on identifying and assessing existing or potential hazards. To implement effective controls for the pandemic influenza virus, consider how influenza is spread. Controls—in order of preference—include engineering, administrative, and personal methods.

FIRST CHOICE	**Engineering controls**	• isolate the hazard • ventilate • add physical barriers such as Plexiglas
SECOND CHOICE	**Administrative controls**	• manage policies and procedures • administer safe work procedures, such as respiratory hygiene • enforce hand washing • train and supervise workers • vaccinate
THIRD CHOICE	**Personal Protective Equipment (PPE)**	• provide gloves, masks, gowns, eye protection, protective clothing, respirators, and others as appropriate • ensure that - the right type of PPE is selected for the job and hazard - ensure that PPE fits properly and is comfortable under working conditions - ensure that workers are trained in the need for PPE, its use and maintenance - ensure that PPE is stored clean and fully operational
	Combination of above	• engineering • administrative • PPE

Study the sample completed **Hazard Assessment and Control Sheet (Sample)** at the end of this section. Blank sample hazard assessment forms are included in Appendix 2. Many other forms and tools can be used. You may use the samples included, another form, or develop your own. Ensure that your hazard assessment addresses all hazards specific to your work site.

Standard checklists or assistance in developing a checklist that meets your needs can be found at:

AEI eLearning tools at http://employment.alberta.ca/whs-elearning

The Alberta Government Library, Labour Building Site
3rd Floor, Labour Building
10808-99 Avenue
Edmonton, Alberta T5K 0G5
Phone: (780) 427-8533
Toll free via 310-0000

RESOURCES

Hazard assessment and identification of controls is dynamic and must be based on the most current information available.

Alberta Health and Wellness **www.health.alberta.ca/**
Health Link Alberta **www.healthlinkalberta.ca/**
Alberta Employment and Immigration **www.worksafely.org**

Respiratory Protective Equipment: An Employer's Guide
http://employment.alberta.ca/documents/WHS/WHS-PUB_ppe001.pdf

Guideline for development of a code of practice for respiratory protective equipment
http://employment.alberta.ca/documents/WHS/WHS-PUB_ppe004.pdf

Controls for the pandemic influenza virus

Controls must be based on hazard assessment and may include engineering, administrative, and personal protective equipment.

Engineering

The following are examples of engineering controls:

- Physical barriers to isolate, for example, Plexiglas
- Ventilation (American Industrial Hygiene Association, 2006)
  - General ventilation that ensures the flow of non-contaminated to potentially contaminated air throughout the facility
  - Negative Pressure Rooms as appropriate, for example, during aerosolizing medical procedures.

Administrative

Administrative controls may be used in combination to protect and reduce workplace exposures during Pandemic Influenza. Administrative controls can include: training; hand hygiene, respiratory hygiene, social distancing; alternate work arrangements, workplace cleaning, restricting workplace entry, prophylactic antiviral medication and promotion of pandemic influenza vaccine when available.

Hand cleaning facilities

- an employer must ensure that at least one wash basin or hand cleaning facility is provided in a toilet facility
- an employer must ensure that there is one wash basin or hand cleaning facility for every two toilets in addition to the wash basin or hand cleaning facility required if three or more toilets are required in a toilet facility
- an employer may substitute circular wash fountains for wash basins or hand cleaning facilities required on the basis that each 500 millimetres of the fountain's circumference is equivalent to one wash basin or hand cleaning facility.

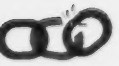
OHS Code, Part 24, Section 359

Best Practices – Administrative controls and pandemic influenza

Hand Hygiene and Respiratory Hygiene

Hand hygiene is the most important control measure. Respiratory hygiene will also play an important role in limiting exposure to pandemic influenza for most workplace exposures.

- Provide resources and a work environment that promotes use of respiratory hygiene and hand hygiene. For example, provide tissues, no-touch waste containers, hand soap, and hand sanitizers.
- Provide workers with up-to-date training on influenza risk factors and proper behaviours including respiratory hygiene and hand hygiene, including information on where supplies are kept.
- Promote use of respiratory hygiene and hand hygiene with all individuals entering workplace.
- Since the influenza virus can live on the hands for five minutes, consistent, thorough hand hygiene is the cornerstone of preventing the spread of infection.
- Hand hygiene decreases the number of disease causing organisms on the skin surface and can be achieved by either washing with soap and water, or by rubbing a waterless antiseptic product on the hands.
- Waterless antiseptic hand hygiene products containing more than 60% alcohol (CHICA Canada, 2006) are an excellent alternative to soap and water and may be used if hands are not visibly soiled (Community and Hospital Infection Control Association, 2005). Most alcohol based hand hygiene products contain emollients to reduce skin irritation.
- To prevent dry skin and chafing from frequent hand washing, wet your hands before using soap; as possible use a mild lotion soap with warm water. Pat hands dry rather than rubbing them. Apply hand lotion liberally and frequently (CHICA Canada, 2006).
- For more information on hand-washing and influenza self care refer to **http://www.health.alberta.ca/health-info/influenza-seif-care.html**



Hand Hygiene

- Wash your hands to break the chain of infection
- Hand hygiene is the most important control measure to limit spread of pandemic influenza

Hand Hygiene and Respiratory Hygiene:
Key work practices to reduce spread of pandemic influenza

Training in hand hygiene and respiratory hygiene is critical for effective use of these work practices

Hand hygiene: "How to wash your hands"

- remove jewelry
- rinse hands under warm running water
- lather with soap and, using friction for 10-15 seconds, cover all surfaces of the hands and fingers
- rinse under warm running water
- dry hands thoroughly with a single-use towel
- turn off faucet without re-contaminating hands (Canadian Pandemic Influenza Plan, 2006).

Break the Link Respiratory hygiene- "Cover Your Cough"

- throw away tissues after wiping nose
- cover mouth and nose when coughing or sneezing
- wash hands after coughing, sneezing, or using tissues
- keep fingers away from eyes, nose, and mouth
- sneeze or cough into the crook of the elbow if you do not have a tissue
- turn head away from others when covering cough
- try to keep a distance of 2 metres or more from others when coughing or sneezing.

Social Distancing

- Practice social distancing by keeping a distance of at least 2 metres from someone with no pandemic influenza symptoms, a person suspected of having influenza-like illness, or someone demonstrating symptoms of pandemic influenza (coughing, fever, etc.)

Workplace Cleaning and Environmental Decontamination

- While influenza viruses may live up to two days on a hard surface, regular cleaning with household cleaners and products will inactivate them. Surfaces that are frequently touched with hands should be cleaned often—preferably daily.
- Shared workstations and equipment should be cleaned with regular household cleaners when individuals are changing work stations, and at least daily.
- Thoroughly wash cups, dishes, and cutlery with soap and hot water after individual use in a dishwasher, if possible.
- Discourage workers from sharing phones, desks, offices or other work tools and equipment as possible.

Restrict Workplace Attendance for Workers with Pandemic Influenza Symptoms

- Workers are to report any symptoms of pandemic influenza to their supervisors and should not come to work when they are exhibiting any influenza symptoms. Individuals experiencing symptoms of pandemic influenza should call Health Link Alberta in Calgary - 403-943-LINK (5465), Edmonton - 780-408-LINK (5465), or throughout the province - Toll-Free 1-866-408-LINK (5465). (Workers who are ill should stay at home until symptoms resolve.)
- Set up a process for ensuring that ill employees have completed any required isolation period and are healthy before allowing them to return to work.
- Return to work will be based on fitness-to-work policy established as part of pandemic emergency response plan.

Additional considerations for reducing risk of exposure

- Reduce employee interpersonal exposure.
- Reduce close contact with customers or co-workers through the use of physical barriers when possible; increase use of mail, fax, telephone, or email communication.
- Postpone customer interactions.
- When customer service must be done in person consider creating a buffer zone of at least 2 metres between an employee and a customer and keep meetings as short as possible.
- Work from home.
- Assignment of immuno-compromised or pregnant workers to lower pandemic influenza exposure job tasks.
- Avoid locations or activities that may represent a high risk of exposure to influenza.
- Seek and follow travel advice provided by public health officials.

Vaccination

- Currently, there is no pandemic influenza vaccine available. The vaccine for pandemic influenza can be produced only after the virus has been identified. Once identified, it will take approximately 4 – 6 months to produce the new pandemic influenza vaccine.
- When available, the new vaccine will be distributed based on national priority groups outlined in the Canadian Pandemic Influenza Plan for the Health Sector. The criteria for the national priority groups take into account work duties, roles, and exposure risk. See Useful References for the Public Health Agency of Canada website.

Prophylactic antiviral medication

- Prophylactic antiviral medications (for example, Tamiflu) that have shown some effectiveness in slowing or minimizing seasonal influenza virus, may be limited in prevention usefulness and availability for pandemic influenza. The Public Health Agency of Canada makes recommendation for the use of antiviral drugs.

Personal Protective Equipment

The employer must

- Identify what is required and when it is required based on the hazard assessment
- Ensure workers are trained in use
- Ensure workers wear it and/or use it
- Ensure it is maintained and is in condition to perform the function for which it was designed
- Ensure PPE meets standards listed in the *OHS Code*.

Workers must

- Maintain and use appropriate PPE as required.

OHS Code, Part 18

Respiratory Protective Equipment

Employer must determine the degree of danger and whether the worker needs to wear Respiratory Protective Equipment (RPE) if the worker is or may be exposed to an airborne biohazardous material. The employer must consider the nature and the exposure circumstances of any contaminants or biohazardous material. When the effects of airborne biohazardous materials are known, the employer must provide and ensure the availability of RPE appropriate to the worker's known exposure circumstances. Where the hazard assessment identifies the need for RPE the specific legislated requirements are outlined in OHS Code, Part 2 and 18.

Some of the requirements include:

Training

- Employer must ensure all workers receive appropriate education, instruction or training with respect to hazards they may be exposed to and procedures and controls used to reduce exposure.

Code of Practice

- If respiratory equipment is used at a work site, an employer must prepare a code of practice governing the selection, maintenance and use of the RPE.
- In the case of a health care worker who may be exposed to airborne biohazardous material, and employer must ensure that the code of practice includes training on at least an annual basis.

Approval of Equipment

- Employer must ensure that RPE required at a work site is approved by NIOSH or another standard setting and equipment testing organization, or combination of organizations, approved by a Director of Occupational Hygiene.

Effective Face Seal

- Employer must ensure that RPE that depends on an effective facial seal for its safe use is correctly fitted and tested in accordance with CSA standard (z94-4-02).

OHS Act, 33 and OHS Code, Part 18

Best Practices - Respiratory Protective Equipment and Pandemic Influenza
As highlighted in the "Did you know?" box on the next page, surgical/procedural masks are different from respirators. Where the workplace hazard assessment identifies the need for RPE or respirators (N95 or better) the specific legislated requirements are outlined in the *Alberta OHS Act, Regulations* and Code.

In the healthcare setting, infection prevention and control (IPC) recommendations to wear surgical and/or procedural masks are made for both patients and/or workers. Recommendations for symptomatic pandemic influenza patients, to wear surgical or procedural masks are aimed to reduce transmission. To ensure that the risk of exposure to the biological hazard has been sufficiently controlled for the healthcare worker, OHS hazard assessment and controls for the emerging or know pandemic influenza must be done based on the specific exposure circumstances.

The contribution of each route of exposure (contact, droplet, or airborne transmission) have not been specifically defined (Bridges et al, 2003; Tang et al, 2006; Tellier, 2006; Occupational Safety and Health Administration, 2007; and Council of Canadian Academies, 2007). In the healthcare setting, for protection of workers against potential pandemic influenza virus in small droplets (less than 5 microns), donning of surgical and/or procedural masks on patients and/or workers may be used in combination with other controls. For example, combine social distancing plus pandemic influenza patients wearing a surgical mask. To use surgical/procedural masks for protection as an OHS control, they must be combined with other controls based on the OHS hazard assessment. For more information on combining controls refer back to page 16 - "Step 4: Implement Controls".

Recommendations for the appropriate combination of controls for pandemic influenza for healthcare settings must be based on the emerging pandemic virus characteristics. Based on OHS hazard assessment, when higher risk of exposure (within 2 meters) to a symptomatic pandemic influenza patient cannot be avoided, generally initial interim recommendations for RPE will include use of a properly fitted, approved respirator for aerosol-producing procedures (e.g. nasopharyngeal swab/aspirate, intubation, bronchoscopy) OR when the pandemic influenza patient is coughing/sneezing forcefully AND is unable or unwilling to comply with respiratory hygiene. Interim guidance coordinating the IPC and OHS recommendations for the healthcare setting will be updated by the Public Health Agency of Canada (PHAC) as needed in response to the emerging pandemic influenza virus. The Interim Guidance recommendations are or will be available and updates provided at **http://www.phac-aspc.gc.ca**.

The difference between a surgical or procedure mask and a respirator

Surgical and Procedural Masks	Respirators
• Surgical Masks are **not** designed to seal tightly against the worker's face or certified to prevent inhalation of small droplets/particles. • When the worker inhales, contaminated small droplets can pass through gaps between the face and surgical mask. • Surgical masks provide a physical barrier for protection from splashes of large droplets of blood or body fluids. • Surgical masks are used for several purposes including: - Prevention of accidental contamination of patient's wounds normally present in mucus or saliva - Placed on sick patients to limit spread of infectious respiratory secretions to others - Protection from splashes or sprays of blood or body fluid - Assist to keep worker's contaminated hands from contacting their own mucus membranes.	• A fit-tested approved respirator, provide a proper seal at the worker's face, forcing inhaled air to be pulled through the filter material and not through gaps between the face and the respirator. • Respirators are designed to reduce worker's exposure to airborne contaminates. • Fit tested approved respirators are used when required, based on hazard assessment, including: - exposure to a forcefully coughing pandemic influenza patient within approximately 2 metres which includes direct patient care and aerosol generating medical procedures.

*Adapted from OSHA (2007) *Guidelines on Preparing Workplaces for an Influenza Pandemic*

DID YOU KNOW?

FOCUS

Use the general guidelines on page 12 to estimate the pandemic influenza exposure risk in your workplace. Link the pandemic influenza exposure risk to the tables on pages 23 to 25 that summarize controls aimed at breaking the chain of infection based risk of exposure in job tasks.

Overview of Best Practices for control of exposure in Minimal Exposure Job Tasks

		Job tasks that do not require close contact to another individual
ENGINEERING CONTROLS	Ventilation	as appropriate based on hazard assessment
	Physical Barriers	as appropriate based on hazard assessment
ADMINISTRATIVE CONTROLS	Hand Hygiene	yes, ***critical***
	Social Distancing	yes
	Respiratory Hygiene	yes
	Alternate work arrangements (i.e. work from home)	yes
	Training	yes
	Workplace cleaning and environmental decontamination	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes
	Prophylactic antiviral medication	no
	Pandemic influenza vaccine	as available based on Alberta Pandemic Influenza Plan
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Approved respirator (N95 or better)	no
	Gloves	no
	Gown	no
	Eye Protection	no
	Surgical Masks	no

Healthcare workers reference Alberta Pandemic Influenza Plan (2007) for specific infection prevention and control instruction.
Case Definition – Medically diagnosed suspect or confirmed case of highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the pandemic influenza virus.

Overview of Best Practices for control of exposure in Lower Exposure Job Tasks					
		Workplace contact to another individual with job tasks that allow social distancing	Workplace contact with potentially contaminated environment*	Close contact with clients or co-workers/ no pandemic influenza symptoms	Workplace contact to syptomatic pandemic influenza patient(s) in job tasks that allow social distancing
ENGINEERING CONTROLS	Isolate the hazard				as appropriate
	Ventilation	as appropriate			as appropriate
	Physical Barriers	as appropriate		not applicable	yes as available
ADMINISTRATIVE CONTROLS	Hand Hygiene	yes, ***critical***	yes, ***critical***	yes, ***critical***	yes, ***critical***
	Social Distancing	yes	yes	not applicable	yes
	Respiratory Hygiene	yes	yes	yes	yes
	Alternate work arrangements (i.e. work from home)	yes as appropriate		as possible/ appropriate	as possible/ appropriate
	Training	yes	yes	yes	yes
	Workplace cleaning and environmental decontamination	yes	yes	yes	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes	yes	yes	yes
	Prophylactic antiviral medication	no			
	Pandemic influenza vaccine	as available based on Alberta Pandemic Influenza Plan			
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Approved respirator (N95 or better)	no	no	no	no
	Gloves	no	no	no	no
	Gown	no	no	no	no
	Eye Protection	no	no	no	no
	Surgical Masks	no	no**	no	no**

* Laboratory workers may have higher exposure during pandemic influenza and will need to reassess risk of exposure from pandemic influenza in the work environment based on specific job tasks and apply appropriate controls based on workspace exposure. Interim guidance recommendations are or will be available and updates provided at **http://www.phac-aspc.gc.ca/ols-bsl/banhsl-abnhgp-eng.php**.

** Refer to IPC recommendations.

Overview of Best Practices for control of exposure in Higher Exposure Work Tasks			
		Close contact (2 metres) with a symptomatic pandemic influenza patient	Aerosol generating medical procedure being performed on pandemic influenza patient (case)
ENGINEERING CONTROLS	Isolate the hazard	as appropriate/single or isolation room/ward	isolation room
	Ventilation	as appropriate	negative pressure ventilation as available
	Physical Barriers	as available and appropriate	not applicable
ADMINISTRATIVE CONTROLS	Hand Hygiene	yes, ***critical***	yes, ***critical***
	Social Distancing	not applicable	not applicable
	Respiratory Hygiene	yes	yes
	Alternate work arrangements (i.e. work from home)	as possible/ appropriate	as possible/ appropriate
	Training	yes	yes
	Workplace cleaning and environmental decontamination	yes	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes	yes
	Prophylactic antiviral medication	no	no
	Pandemic influenza vaccine	as available*	as available*
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Approved respirator (N95 or better)	yes**	yes
	Gloves	yes***	yes***
	Gown	yes***	yes***
	Eye Protection	yes***	yes***
	Surgical Masks	IPC	IPC

* Based on recommendations in the Alberta Pandemic Influenza Plan.

** **BASED ON HAZARD ASSESSMENT, INCLUDING POINT OF CARE ASSESSMENT, TO DETERMINE IF PATIENT IS OR HAS POTENTIAL TO COUGH/SNEEZE FORCEFULLY AND CAN COMPLY WITH RESPIRATORY HYGIENE. Refer to www.phac.aspc-aspc.gc.ca**

*** Healthcare workers reference Alberta Pandemic Influenza Plan (2007) for specific infection prevention and control instruction.

Hazard Assessment and Control Sheet (Sample)

List all identified hazards.
Identify the controls that are in place—engineering, administrative, PPE, or combination—for each hazard.

Job or Task	Potential or Existing Hazard	Hazard Risk Assessment	Controls in Place			Follow-up Action Required	Date and Person Responsible
			Engineering	Administrative	PPE		
Receptionist in public area	Influenza virus	meeting people; exposure distance equal to or greater than 2 metres; not exposed to known or suspected case		- hand hygiene - safe work procedures - social distancing - office cleaning - worker training - respiratory hygiene		worker training program needs to be repeated in one month	May 12, 2007 Sue Bird

List potential or existing hazards here.

Identify controls that are in place. If you wish you may identify them by type of control.

Identify if there is any follow-up action required, such as more training or PPE.

Fill in name of person who is responsible for implementing controls.

Step 5: Communicate the information to workers and provide training

Communication

LEGISLATED REQUIREMENTS

An employer must ensure that workers affected by the hazards identified in a hazard assessment are informed of the hazards and the methods used to control or eliminate the hazards.

The employer must ensure that a worker who may be exposed to a harmful substance at a work site is informed of the health hazards associated with exposure to that substance.

OHS Code Part 2, Section 8 and Part 4, Section 21

Communication and consultation are key to keeping your workers healthy. When considering job tasks that are undertaken at your workplace, involve workers in decisions that may affect their health and safety. Generally, the people doing the job are most knowledgeable about the hazards they face and ways to work safely. For pandemic influenza further communication and training is required.

Clear and open communication channels at all levels in the workplace will encourage everyone's support for, and participation in, health and safety activities. Workers will be more likely to follow health and safety procedures when they have been involved in their development.

It is important to be aware of, and to take into consideration, differing skills in language, literacy and culture when communicating health and safety information. Adapt your communication style where necessary.

Training

LEGISLATED REQUIREMENTS

An employer must ensure that a worker who may be exposed to a harmful substance at a work site

- is trained in procedures developed by the employer to minimize the worker's exposure to harmful substances and
- understands the procedures.

OHS Code Part 4, Section 21

Employee Training

All employees with potential occupational exposure should be trained on

- the hazards associated with exposure to pandemic influenza virus,
- appropriate control measures, such as respiratory hygiene and hand washing to prevent influenza, and
- the protocols in place in their workplace or facility to isolate and report cases or reduce exposure.

Competent Worker

If work is to be done that may endanger a worker, the employer must ensure that the work is done:

- **by a worker who is competent to do the work or**
- **by a worker who is working under the direct supervision of a worker who is competent to do the work.**

"Competent worker" means adequately qualified, suitably trained and with sufficient experience to safely perform work without supervision or with only a minimal degree of supervision.

***OHS Regulation*, Section 1 and 13**

During a pandemic, workers may be asked to do unfamiliar job tasks.

Best Practices

Training requirements should be based on the hazard assessment. These may include:

- awareness of pandemic influenza, the potential ways of contacting the virus and control measures to break the chain of infection
- awareness of social distancing strategies—keeping a distance of 2 metres or more from someone suspected of having pandemic influenza
- hand hygiene
- respiratory hygiene, which includes
  - covering the nose and mouth while coughing or sneezing with a tissue
  - proper disposal of the tissue and washing of hands following
  - coughing or sneezing into the bend of the elbow when caught without a tissue
- use and care of PPE, including Respiratory Protective Equipment where required
- first aid
- use of routine practices
- operation of equipment.

In order to stay current with training, keep track of your workers' training in health and safety procedures. You may wish to use the form on the following page or create your own system of monitoring and updating training routinely. A blank Record of Training form appears in Appendix 3.

Record of Training (Sample)

Insert location; City, address, if appropriate

Company Name ABC Bakery

Location Edmonton

Enter type of training completed

Type of Training WHMIS

Enter date of training, name of worker who has taken the training, and signature of worker

Date	Printed Name	Signature
May 10th 2004	Jane Doe	
May 10th 2004	Sam Whyte	

Completion of this form is not a requirement under OHS legislation and does not indicate competency of workers. It may be used as a record.

Step 6: Evaluate the effectiveness of controls

The effectiveness of controls must be checked routinely. This can be done throughout the day as well as during regular inspections.

Ask the following questions.

- Can the hazard be eliminated?
- Have the controls solved the problem?
- Is any risk to workers posed by the controls?
- Are all new hazards being identified?
- Are significant new hazards appropriately controlled?
- Are incident reports being analyzed?
- Are there any other measures required?

Answers to these questions may send you back to an earlier step to repeat the process. Keeping health and safety procedures up-to-date ensures preparedness when a pandemic influenza is announced.

Section 6: Emergency Response Planning for Pandemic Influenza in the Workplace

Pandemic planning should be part of the overall workplace emergency response plan.

An emergency may be defined as "any situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate attention" (Canadian Centre for Occupational Health and Safety, 2004).

Planning and preparing in advance for emergencies will protect the health, safety, and lives of people at your work site. It will also minimize business losses related to damage to the environment and property. In Alberta, Part 7 of the *OHS Code* requires employers to establish an emergency response plan for response to an emergency that **may require rescue or evacuation.**

Employers must establish an emergency response plan in case of an emergency that may require rescue or evacuation. The plan must be written and affected workers must be involved in establishing the emergency response plan.

The emergency response plan must include:

- **identification of potential emergencies (based on the hazard assessment)**
- **procedures for dealing with identified emergencies**
- **identification of, location of, and operational procedures for emergency equipment**
- **emergency response training requirements**
- **location and use of emergency facilities**
- **fire protection requirements**
- **alarm and emergency communication requirements**
- **first aid services requirements**
- **procedures for rescue and evacuation**
- **designated rescue and evacuation workers.**

OHS Code, Part 7

How do I develop an emergency response plan for pandemic influenza?
Your emergency response plan must be site specific. You may develop your own format for the plan, as long as all components outlined in the *OHS Code* are addressed.

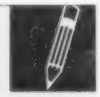
An emergency response plan for pandemic influenza considers the hazard assessment for actual and potential exposures in the workplace to the virus and potential consequences and responses due to increased absenteeism. The Industrial Accident Prevention Association (2006) recommends that emergency response planning;

- Assess risks to the workers and the organization.
- Set priorities and determine organizational and safety critical functions to maintain

business and worker safety in the event of increased absenteeism from pandemic influenza.

- Establish plans to control exposures in the workplace before pandemic influenza.
- Build a foundation—
  - Establish and communicate policies and procedures for sickness and absenteeism to encourage people to stay home when sick with pandemic influenza
  - Plan succession options and cross-train
  - Define and communicate chain of command during pandemic influenza
  - Plan communication strategies.
  - Create policies for alternate work arrangements and facilitate work-at-home technology (see Industrial Accident Prevention Association, 2006, for more elaboration)

RESOURCES



Pandemic: Questions and Answers Relating to Work in Alberta
http://employment.alberta.ca/documents/WHS/WHS-PUB_PE002.pdf

Pandemic and Your Business: Are You Ready?
http://employment.alberta.ca/documents/WHS/WHS-PUB_PE001.pdf

Detailed Business Checklist
www.pandemicflu.gov/plan/businesschecklist.html
CDC Checklist

Preparing for Pandemic Influenza
www.health.alberta.ca
Alberta Health and Wellness

Pandemic Influenza Business checklist
http://aema.alberta.ca/documents/ema/Business_Pandemic_checklist_final.pdf
Municipal Affairs

Pandemic Planning Tool Kit
www.ccohs.ca/pandemic/tools.html

Section 7: First Aid

Health and safety programs at the workplace aim to prevent injuries and illnesses. Sometimes, despite the best prevention efforts, injuries and illnesses still occur. In the event of pandemic influenza, some workers will likely come to work even though they are ill. Biological hazards need to be included when planning for first aid at a work site.

Planning for first aid in the event of pandemic influenza involves the same factors as those considered at any other time:

- the number of workers at the work site
- the type of work that is done, and
- the hazards to which workers are exposed.

Proximity of medical treatment services to the work site will also decide the services and supplies needed on site.

When developing a First Aid Plan, always keep in mind the worst-case scenario. During pandemic influenza, availability of medical and emergency services may differ from what is normally available.

LEGISLATED REQUIREMENTS

Requirements for the number of first-aiders and the level of first aid training required at all work sites are based on three criteria:

(1) how hazardous the work is,
(2) the time it takes to travel to a health care facility, and
(3) the number of workers per shift.

OHS Code, Part 11

RESOURCES

First Aid Requirements
http://employment.alberta.ca/documents/WHS/WHS-PUB_fa012.pdf

Section 8: Employment Standards During Pandemic Influenza

The *Employment Standards Code (Code)* establishes minimum standards regarding payment of earnings, hours of work, overtime, general holidays, vacations, maternity and parental leave and termination of employment.

Keeping your business open and functioning during a pandemic requires planning. Absenteeism could cause significant disruption. The plan should include specific policies you'll need to manage the employment relationship during pandemic influenza and steps for the return to regular operation following. Decide how you will:

- treat employee attendance and absences
- ensure that employees get paid, and
- apply temporary layoff and termination of employment provisions if you have to suspend some or all of your business for a period of time.

Prepare employees by telling them about the actions you will be taking in the event of pandemic influenza. This table provides information about minimum standards for the issues most likely to affect workplaces during pandemic influenza.

Issue	Minimum Standards
Attendance	• Work schedules must be posted where they can be seen by employees and 24 hours' written notice of a shift change is required. • When an emergency occurs, an employee's work day can be longer than 12 consecutive hours. • Employees can be scheduled to work overtime. • Employers must allow employees 1 day of rest per week. The *Code* permits employees to work up to 24 consecutive days before requiring the employer to allow a rest period of 4 consecutive days. • Employers and employees are encouraged to agree on mutually satisfactory vacation schedules. If agreement can't be reached, the employer can determine when the vacation will be taken and must provide at least 2 weeks' written notice of the date the vacation will be taken.
Absence	• The *Code* doesn't require paid or unpaid sick leave or time off for medical appointments. During a declared public health emergency, special rules apply to employers and employees. Employers must not discriminate against employees who are absent because they are complying with a public health certificate or isolation order or because they have been conscripted to provide medical services. • The *Code* doesn't protect the jobs of employees who access EI for compassionate leave, but normal termination rules apply. • Human rights legislation defines protection against discrimination and employer responsibility to accommodate disability. For example, an employee may request a change in

Issue	Minimum Standards
	work shifts because of family responsibilities. The employer should accommodate the request if at all possible. [*Human Rights, Citizenship and Multiculturalism Act*]
Paying Earnings	• Earnings must be paid within 10 days of the end of each pay period.
Layoffs and Termination	• Employers must provide prior written notice containing the start and end dates for each temporary layoff. Temporary layoffs can be up to 59 days. Temporary layoffs can be extended if the employer is continuing to pay for an employee benefit program, or pays the employee wages or an amount instead of wages, or there is a collective agreement containing recall rights. • If employment is terminated, the proper notice requirements for both employees and employers must be met. • Special rules apply during a declared public health emergency and prohibit the termination of employees who are absent because they are complying with a public health certificate or isolation order or because they have been conscripted to provide medical services.

Strategies (or effective practices) offer employers some alternatives for meeting the requirements of employment standards legislation while protecting the health and safety of employees. Effective strategies can also come from employers and employees who are knowledgeable about what works best in their workplaces.

Issue	Strategies
Attendance and Work	• Establish work schedules and can stagger work hours and work days to reduce contact between employees or offset problems created by pandemic influenza. • Adjust or reduce hours of work due to less product demand, supply problems, fewer available employees or employee fatigue. • Develop technology resources to open up telecommuting (working from home or another location away from the usual place of business) options—access to IT systems, phones and fax machines. • Establish communication and accountability processes for employees who may be able to work from home. • Designate a group of workers who could work from home as soon as pandemic influenza is identified, to limit the spread of disease.

Issue	Strategies
	• Ensure supervisors provide support for employees who may make more mistakes or take longer to complete unfamiliar tasks. • Consider the effects and costs of 'presenteeism' (when employees who are sick come to work). If sick employees fear job loss or disciplinary action, they will be more likely to come to work and risk infecting their co-workers. • Attempts should be made to accommodate employees with sick dependents who will naturally be very concerned about their well-being.
Absence	• Establish policies for reporting absences—who employees should contact, how they should contact (email, phone call, voice mail message), when they should contact. Ensure that employees who are experiencing pandemic influenza symptoms know not to come to work, even though they may not have been diagnosed with pandemic influenza yet. • Employers who provide paid sick leave should prepare for a large number of employees accessing this benefit. The high level of demand on the health care system may make it impossible for employees to get doctor's notes to verify employee illness. Procedures to facilitate access to illness-related benefit programs may need to be revised. • Absence policies should take into consideration other reasons (other than personal illness) why employees may not be able to come to work: - Public transit not available, nor other means of transportation to and from work - Needed at home to care for sick dependents or spouse - Needed at home to care for dependent family members if daycare facilities and schools close, or - The family/home is under quarantine. • Establish processes for regular communication with absent and sick employees.
Paying Earnings	• Cross train staff so that payroll occurs on time. • Set up automated pay systems and establish back-up manual pay systems to deal with possible disruption in established systems. • Clearly communicate wage rates for employees who do tasks that are different from their usual job.
Layoffs and Termination	• Use temporary layoff provisions whenever possible rather than terminating employment relationships permanently. • Continue paying for employee benefits like pension or insurance programs.

Issue	Strategies
	• Communicate regularly with laid off employees about the status of the business and when you expect normal business to resume. • Be aware that employers may still be subject to civil action even though the Code's minimum requirements for notice of termination are met.

RESOURCES

Employment Standards
www.employment.alberta.ca/SFW/1224.html

Human Rights
www.albertahumanrights.ab.ca

Useful References

Alberta Health and Wellness
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World Health Organization (2005) Ten things you need to know about pandemic influenza.
www.who.int/csr/disease/influenza/pandemic10things/en/

Appendix 1 Comparison of terms–influenza, cold, stomach flu

Is it influenza, a cold, or "stomach flu"?			
Symptoms	**Influenza**	**Common Cold**	**Stomach Flu**
Fever	Usually high	Sometimes	Rare
Chills, aches, pain	Frequent	Slight	Common
Loss of appetite	Sometimes	Sometimes	Common
Cough	Usual	Sometimes	Common
Sore throat	Sometimes	Sometimes	Rare
Sniffles or sneezes	Sometimes	Common	Rare
Involves whole body	Often	Never	Stomach/ bowel only
Symptoms appear quickly	Always	More gradual	Fairly quickly
Extreme tiredness	Common	Rare	Sometimes
Complications	Pneumonia; can be life threatening	Sinus infection Ear infection	Dehydration

Hazard Assessment and Control Sheet

Company:	**Date of Assessment:**
Location:	**Completed By:**

List all identified hazards.
Identify the controls that are in place—engineering, administrative, PPE, or combination—for each hazard.

Job or Task	Potential or Existing Hazard	Hazard Risk Assessment	Controls in Place			Follow-up Action Required	Date and Person Responsible
			Engineering	Administrative	PPE		

Appendix 3 Record of training form

Record of Training

Company Name _____

Location _____

Type of Training _____

Date	Printed Name	Signature

Completion of this form is not a requirement under OHS legislation and does not indicate competency of workers. It may be used as a record.

Notes

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